

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

*A Public Document*

**AMENDMENT**

Date Received: \_\_\_\_\_  
Official Use Only

By: FPPC

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Hayashi	Mary				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Mental Health Services Oversight Commission

Position: Commissioner

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☒ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 4, 2010

Signature \_\_\_\_\_

EB

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION <b>AMENDMENT</b>
---

**► 1. BUSINESS ENTITY OR TRUST**

Hayashi & Associates

Name

100 Spear Street Suite 500 San Francisco CA 94105

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    12/31/09  
 ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**Verification**

Print Name

MARY HAYASHI

Office, Agency or Court

State Assembly

Statement Type

☒ 2009/2010 Annual    ☐ \_\_\_\_ Annual    ☐ Assuming    ☐ Leaving    ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

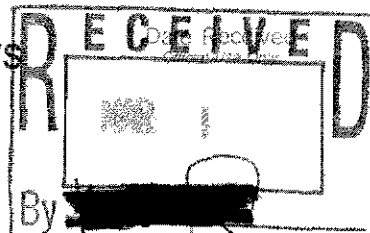
4/4/10  
 (month, day, year)

Signature

[Redacted Signature]

2010 MAR -1 PM 6:08

A Public Document



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HAYASHI	MARY		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Mental Health Serv. Oversight & Acct. Comm.

Position: Commissioner

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 1, 2010

Signature \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name MARY HAYASHI
---

► NAME OF SOURCE  
Assemblymember Karen Bass

ADDRESS (Business Address Acceptable)  
777 S. Figueroa St., Suite 4050, Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.52	Jacket
01 / 08 / 09	\$ 11.95	Breakfast & Lunch
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
California Democratic Party

ADDRESS (Business Address Acceptable)  
1401 21 St., Suite 200, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Democratic Caucus
___ / ___ / ___	\$ _____	Retreat Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Comcast

ADDRESS (Business Address Acceptable)  
1215 K St., Suite 1700, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communication

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 09	\$ 150.00	Presidential
___ / ___ / ___	\$ _____	Inauguration
___ / ___ / ___	\$ _____	Gala Ticket

► NAME OF SOURCE  
TechAmerica

ADDRESS (Business Address Acceptable)  
1215 K St., Suite 2140, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 09	\$ 43.91	Annual Legislative
___ / ___ / ___	\$ _____	Dinner
05 / 13 / 09	\$ 10.00	Candy

► NAME OF SOURCE  
California Building Industry Assn.

ADDRESS (Business Address Acceptable)  
1215 K St., Suite 1200, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 09	\$ 93.75	Annual Legislative
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Korean Consul General

ADDRESS (Business Address Acceptable)  
3500 Clay St., San Francisco 94118

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 04 / 09	\$ 110.00	Korean Traditional Doll
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name MARY HAYASHI
---

## SCHEDULE D

### Income – Gifts

► NAME OF SOURCE  
California Assn. of Physician Groups  
 ADDRESS (Business Address Acceptable)  
1215 K St., Suite 1915, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional / Trade

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 06 / 09</u>	\$ <u>225.00</u>	<u>Dinner with CAPG</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>Boardmembers</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Apple Inc.  
 ADDRESS (Business Address Acceptable)  
1 Infinite Loop, Cupertino 95014  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 26 / 09</u>	\$ <u>400.00</u>	<u>Charity Dinner Tickets</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>for Member &amp; Staff</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Amgen  
 ADDRESS (Business Address Acceptable)  
601 Thirteenth St., NW, 12th Floor WDC 20005  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 11 / 09</u>	\$ <u>107.00</u>	<u>Dinner / Fundraiser for</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>Speaker Karen Bass</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Farmers Group Inc.  
 ADDRESS (Business Address Acceptable)  
1415 L St., Suite 1200, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 09</u>	\$ <u>58.04</u>	<u>Legislative Dinner</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Personal Insurance Federation of CA  
 ADDRESS (Business Address Acceptable)  
1201 K St., Suite 1200, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 08 / 09</u>	\$ <u>21.33</u>	<u>Legislative Lunch</u>
<u>09 / 16 / 09</u>	\$ <u>102.06</u>	<u>Legislative Dinner</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Personal Insurance Federation of CA (Continued)  
 ADDRESS (Business Address Acceptable)  
1201 K St., Suite 1200, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 22 / 09</u>	\$ <u>13.71</u>	<u>Reception for Asm.</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>Manuel Perez</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>Continued on next pg.</u>

Comments: \_\_\_\_\_

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name MARY HAYASHI
---

## SCHEDULE D

### Income – Gifts

► NAME OF SOURCE  
Personal Insurance Federation of CA (continued)  
 ADDRESS (Business Address Acceptable)  
1201 K St., Suite 1200, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 15 / 09</u>	\$ <u>106.20</u>	<u>Gift Certificate to</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Rancho Bernado Inn</u>
<u>12 / 18 / 09</u>	\$ <u>102.80</u>	<u>Holiday Dinner</u>

► NAME OF SOURCE  
CalChamber  
 ADDRESS (Business Address Acceptable)  
1215 K St., Suite 1400, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 09</u>	\$ <u>196.89</u>	<u>Public Affairs Council</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Conference Dinner</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

► NAME OF SOURCE  
Council on American-Islamic Relations  
 ADDRESS (Business Address Acceptable)  
453 New Jersey Ave., SE, WDC 20003  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 09</u>	\$ <u>50.00</u>	<u>Quran (Islam Book)</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

► NAME OF SOURCE  
Black Eagle Wines  
 ADDRESS (Business Address Acceptable)  
1700 L St., Sacramento 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 09</u>	\$ <u>65.00</u>	<u>Wine</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

► NAME OF SOURCE  
    
 ADDRESS (Business Address Acceptable)  
    
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

► NAME OF SOURCE  
    
 ADDRESS (Business Address Acceptable)  
    
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                          </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name  MARY HAYASHI

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>Teradata</u>
ADDRESS (Business Address Acceptable) <u>17095 Via Del Campo</u>
CITY AND STATE <u>San Diego, CA 92127</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Technology</u>
DATE(S): <u>03 / 05 / 09</u> - <u>03 / 06 / 09</u> AMT: \$ <u>420.00</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Travel expenses for participation in facility presentation</u>

▶ NAME OF SOURCE <u>CA Independent Voter Project</u>
ADDRESS (Business Address Acceptable) <u>2350 Kerner Boulevard, Suite 250</u>
CITY AND STATE <u>San Rafael, CA 94901</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>11 / 15 / 09</u> - <u>11 / 19 / 09</u> AMT: \$ <u>677.70</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income
DESCRIPTION: <u>Airfare for presentations at Business &amp; Leadership Exchange Conference.</u>

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

Comments: \_\_\_\_\_